

Developing Health Improvement Objectives

This section includes the following EZ/EC Health Benchmarking Demonstration Project materials relevant to developing health improvement objectives.

Identifying Goals, Objectives, Strategies, and Responsible Parties.....2

Provides explanations, tips, and examples of four elements of a measurable health improvement plan: goals, objectives, strategies, and responsible parties. Developed to help Wilmington EC work groups develop plans in a uniform format. Designed to be used with the worksheet below.

Worksheet.....4

Tool to help EZ/EC work groups clarify and record goals, objectives, strategies, and responsible parties for a priority health area. Designed to be used with the explanatory handout above, "Identifying Goals, Objectives, Strategies, and Responsible Parties."

Example—Preliminary Health Priorities for Wilmington, DE.....5

Summary of Wilmington EC health priorities based on a community health needs and assets assessment and the consensus of the EC Health Benchmarking Task Force. Used by work groups to clarify issues around which they would develop goals and objectives.

Example—Goals and Objectives for Wilmington, DE.....7

Draft goals, objectives, strategies, and responsible parties proposed by the Wilmington EC work group, "Support Healthy Behaviors." Although later modified, these preliminary objectives illustrate specific and measurable health improvement plans linked to EC health priorities.

IDENTIFYING GOALS, OBJECTIVES, STRATEGIES, & RESPONSIBLE PARTIES FOR PRIORITY AREAS

<p>Goal</p> <p>Examples:</p> <p><i>Increase regular exercise among older adults</i></p> <p><i>Ensure all children have access to health care</i></p> <p><i>Eliminate second hand smoke in public places</i></p>	<p><i>What do you want to happen?</i></p> <p><i>(Broad, lofty, indicates general purpose)</i></p> <p>Tips:</p> <ul style="list-style-type: none"> • Begin with action words such as <i>reduce, increase, eliminate, ensure, establish, etc.</i> • Focus on the end result of the community's work. <p>Consider whether the goal is community-wide or if it is important to specify a particular population (by age, race, gender, ability, socioeconomic status, or area).</p>
<p>Objective</p> <p>Examples:</p> <p><i>By June 2001, reduce tobacco use among teens to 23% and young adults to 27% (target). (Baseline: teens, 26%; young adults, 30%)</i></p> <p><i>By December 1999, reduce by 75% the number of sales outlets where teens may purchase cigarettes. (Baseline: to be determined)</i></p> <p><i>By June 2000, increase physician use of smoking cessation advice to patients by 10%. (Baseline: CareFirst, 20%; Medical Society members, 20%; Westside Health Center, 40%)</i></p> <p><i>By December 2000, increase to 50% the proportion of estimated eligible City children who are enrolled in the State Healthy Children Program (CHIP). (Baseline: 13%).</i></p> <p><i>By March 2000, increase to 90% the proportion of City health care providers who have bilingual staff on-site or who use trained, on-call translators for non-English speaking patients.</i></p>	<p><i>How will we know if we reached the goal?</i></p> <p><i>(Offers specific and measurable milestones, or benchmarks; sets a deadline; narrows the goal by adding "who, what, when, and where;" clarifies by how much, how many, or how often)</i></p> <p>Tips:</p> <ul style="list-style-type: none"> • Consider a wide range of things that could indicate community progress toward achieving health goals. Among these are individual behaviors, professional practices, service availability, community attitudes and intentions, insurance status, service enrollment, policy enactment, voluntary participation in employer programs, organizations that offer particular programs, policy compliance/ enforcement findings, results of population screening or environmental testing, or the occurrence of events that suggest breakdowns in the public health system. • Get ideas for your City from the state's Year 2000 objectives, other state objectives and the nation's draft Year 2010 objectives (Healthy People 2010). • Objectives need a target (the desired amount of change, reflected by a number or percentage) and a baseline figure (where the community is now) drawn from a specific data source. Exceptions include policy or organizational objectives that can be measured simply by being established. • Don't be afraid to consider non-traditional objectives that may resonate with citizens of EC neighborhoods (e.g., "increase by 50% the percentage of pizza outlets that deliver to neighborhoods after dark," as a proxy for violence).

IDENTIFYING GOALS, OBJECTIVES, STRATEGIES, & RESPONSIBLE PARTIES FOR PRIORITY AREAS

<p>Strategy</p> <p>Examples:</p> <p><i>Increase tax on cigarettes by at least 16 cents. (State legislative bill, advocate State Congressional delegation support federal cigarette tax.)</i></p> <p><i>Provide skills training to 60 physicians on effective smoking cessation counseling. Provide free self-help smoking cessation materials to health care providers.</i></p> <p><i>Enforce laws prohibiting tobacco sales to minors, using undercover teen customers to help monitor and enforce seller compliance. (SYNAR)</i></p> <p><i>Coordinate private sector job programs, linked to support services, for younger siblings of parenting young adults, gang involved youth, and other at-risk youth.</i></p> <p><i>Simplify CHIP eligibility application. Expand sites promoting CHIP and application assistance to employers, neighborhood agencies, parish nursing, YWCA, and others.</i></p> <p><i>Expand insurance coverage for parents of CHIP-eligible children. Tie to State initiative on insuring adults, partner with employers, and allow CHIP to contribute to employee-based health plan.</i></p> <p><i>Provide targeted community outreach to families not enrolled in CHIP. Use health ambassadors in door-to-door recruitment (Healthy Start), and apply for RWJ or other grants to expand program.</i></p>	<p>How will the objective be reached?</p> <p>(Specifies the type of activities that must be planned, by whom, and for whom)</p> <p>Tips:</p> <ul style="list-style-type: none"> • Generate a list of strategies that gives various sectors a job to do (e.g., businesses, voluntary organizations, government, health care organizations, social services, faith organizations, and citizens). Consider strategies that require sectors to work together throughout the EC. • Consider the specific assets of your city and its Enterprise Community to choose strategies that are achievable. • Ask the Public Health Foundation for technical assistance if you need more information on strategies that have worked around the country to address objectives. Effective strategies may include: <ul style="list-style-type: none"> —targeted economic development —health education —social marketing —assessment & referral —policy (legislation, regulation, program policy) —enforcement —capacity building (new or improved programs) —coordination of services —changing the social or physical environment —employer programs • Consider strategies recommended in your state or local Healthy People plan and by other groups (such as PATCH, Planning Councils, HIV Prevention Community Planning Group, and the Tobacco Prevention Coalition).
<p>Responsible Parties</p>	<p>Who will coordinate and do most of the work?</p> <p>Who else will be involved?</p>

IDENTIFYING GOALS, OBJECTIVES, STRATEGIES, & RESPONSIBLE PARTIES FOR PRIORITY AREAS

WORKSHEET

Priority Area: _____

Goals	I.	II.
Potential Objectives	A.	A.
	B.	B.
	C.	C.
	D.	D.
Potential Strategies	Potential Responsible <u>Parties</u>	Potential Responsible <u>Parties</u>

EXAMPLE ¾ PRELIMINARY HEALTH PRIORITIES FOR WILMINGTON, DE

Based upon Health Benchmark Project Findings 3/19/99

Note: Issues are listed in no particular order.

1) Create A Health Structure

There is a need for a unifying structure for health in Wilmington. Communities perceive that segmented and unclear responsibilities for all aspects of health do not adequately serve the City of Wilmington. A Board of Health, health office, or other structure can serve to unify City concerns, programs, and priorities.

2) Monitor Wilmington Health

There is no single, periodic report profiling Wilmington's health status that addresses issues of concern to the residents of the City. A regular report of various Wilmington health indicators would provide the community with information about important health areas, trends, and progress toward improving health, and also could lead to actions for improving health. Given the State-local relationship in health matters and the data resources of the Delaware Division of Public Health, the Division could produce a relevant health profile for Wilmington on a regular basis.

3) Improve Adolescent and Young Adult Health

Adolescents and young adults are the workforce of tomorrow. Wilmington teens are at risk for HIV/AIDS, sexually transmitted disease, violence, drug involvement, unintended pregnancy, unemployment, school dropout, arrest, and smoking. A strong initiative which supports the development of a mentally and physically healthy young adult population is consonant with the Enterprise Community's overall direction of improving economic opportunity in the City of Wilmington. To achieve healthier teens and young adults, Wilmington can build on assets that already exist in the community and the State—such as the Delaware Healthy Children's Program, the Governor's interest in teen pregnancy and families (Family Service Cabinet Council), Healthy Start, the Mayor's Health Planning Councils, the Federal and state funded health clinics, Planned Parenthood, parish nursing, and strong community interest and public safety support in addressing the drug problem.

4) Maximize Access and Use of Health Care

Accessible ambulatory care can improve outcomes in several chronic disease areas, such as diabetes and cancer. Early screening and effective management of chronic diseases, as well as early and regular prenatal care, are critical. Some opportunities which exist in Wilmington are: (1) maximizing enrollment in the Delaware Healthy Children's Program; (2) supporting the Governor's intent to use tobacco settlement dollars for adult health insurance; (3) providing more information about health care availability, perhaps extending the outreach efforts of Healthy Start, Delaware Healthy Children's Program, Managed Care Organizations, the State Division of Public Health, churches, and other community organizations; (4) maximizing Medicaid enrollment and use; and (5) developing a network of ancillary service providers using existing networks, e.g., the AIDS Interfaith Network, parish nursing program, and the OA Herring Center models

EXAMPLE 3/4 PRELIMINARY HEALTH PRIORITIES FOR WILMINGTON, DE

5) Support Healthy Behaviors

The majority of preventable adverse health conditions experienced by Wilmington residents are attributable to unhealthy behaviors, such as cigarette smoking, sharing of drug needles, unprotected sex, and lack of exercise. There is strong interest among community leaders to develop programs that promote and support mentally and physically healthier lifestyles. Building on business and recreational development programs, the Mayor's Health Planning Councils activities, church-based HIV/AIDS prevention activities, health fairs, PATCH activities, and the multitude of other community development programs can lay the groundwork for the development of coordinated and concerted efforts to promote behaviors that will lead to a healthier Wilmington.

6) Environmental Health

Wilmington needs a coordinated approach to assess, communicate, and address environmental risks that potentially impact the health and quality of life of City residents. Leaders and residents are concerned about a broad range of environmental issues, including lead exposure, air quality, water quality, toxic waste sites, and environmental inequities. A focused effort to assess available data on issues that concern the community, and for which there also are data to support the issue's relationship to health status, can clarify Wilmington's most promising opportunities to improve environmental health. Public and private sector assets to help Wilmington assess and address environmental risks include the City of Wilmington, Delaware Department of Natural Resources and Environmental Control, Delaware Division of Public Health, Environmental Protection Agency, Riverfront Development Corporation, the Governor's office, and Wilmington industries.

7) Improve Older Adult Health

Approximately 13,000 Wilmington residents are age 60 or older. Although the total senior citizen population is projected to remain stable between 1990 and 2010, the population of persons 80 years and over is expected to increase over 30% during the same period. Wilmington needs to identify and address the current and emerging health issues facing the City's culturally diverse older adult population, particularly anticipating needs of its oldest residents and aging "baby boomers." Older adult health issues identified in State and national plans [e.g. Healthy Delaware 2000, Healthy People 2010 (draft)] could guide Wilmington in exploring local opportunities to improve older adult health. Opportunities in the EC include development of exercise and entertainment at the Riverfront, home sharing opportunities between homeowners and college students, and building upon the existing spectrum of traditional older adult health services such as senior housing options, medical care, parish nursing, and neighborhood programs for the elderly.

EXAMPLE — GOALS AND OBJECTIVES FOR WILMINGTON, DE

Wilmington Health Benchmarking Project
'Supporting Healthy Behaviors' Work Group

DRAFT

Goal: Expand physical activity opportunities within the Enterprise Community neighborhoods.

Objectives:

1. Improve the existing physical environment in each Enterprise Community neighborhood to support walking and other physical activities.

- I. By April, 2000* complete an environmental assessment of each EC neighborhood.
 - A. Create a task force of community members within each neighborhood.
 - B. Use National Safety Council's "How Walkable is Your Community" checklist for assessment.
 - C. Summarize assessment results and prioritize neighborhoods based on score.
- II. By October, 2000* develop plan to improve priority neighborhoods (Goal = 26 points).
 - A. Expand community task force.
 - B. Develop partnership with State & Local Transportation Dept., neighborhood planning councils, local construction companies, business leaders and other community groups.
 - C. Develop partnership with Public Safety
 - D. Identify and secure funding
- III. By July, 2002* complete improvement plan
- IV. By April, 2000* complete playground safety assessment of all playgrounds in each of the EC neighborhoods.
 - A. Create Playground Safety task force of community members in each EC neighborhood.
 - B. Train 1 member of each task force as a Playground Safety Inspector OR partner each task force with an existing PSI from outside the community.
 - C. Use American Society for Testing and Materials "Standard Consumer Safety Performance For Playground Equipment for Public Use" for playground assessment.

EXAMPLE — GOALS AND OBJECTIVES FOR WILMINGTON, DE

- V. By October, 2000* develop plan to improve priority playgrounds. (Goal = 100% compliance w/standards)
 - A. Expand Playground Safety task force
 - B. Develop partnership with City Parks & Rec. Dept, YMCA's, Community Centers and other community groups
 - C. Identify and secure funding
- VI. By January, 2003* complete improvement plan.

2. *Create additional physical activity opportunities in EC neighborhoods.*

- I. By January 1, 2000* complete park acreage assessment within each of the EC neighborhoods.
 - A. Partner with State & City Parks and Recreation and Planning/Zoning Departments.
- II. By January, 2001* develop plan for increasing park acreage per 1,000 population. (Goal = 100% EC neighborhoods at or above national average)
 - A. Identify existing open spaces suitable for park
 - B. Development.
 - C. Identify public and private landholders
 - D. Partner with Wilmington Development initiative, City
 - E. Planning Dept. and local businesses
 - F. Work to create uniformity of physical activity opportunities between EC neighborhoods.
 - G. Identify and secure funding
- III. By January. 2005* complete expansion plan

*ALL DATES BASED ON JULY, 1999 PROJECT START DATE

EXAMPLE — GOALS AND OBJECTIVES FOR WILMINGTON, DE

Wilmington Health Benchmarking Project
'Supporting Healthy Behaviors' Work Group

DRAFT

Goal: Expand healthful nutrition opportunities within Enterprise Community neighborhoods.

Objectives:

1. Increase availability of healthful foods to EC residents through existing food distribution channels.

- I. By January, 2000* complete assessment of availability and cost of healthful foods within each EC neighborhood.
 - A. Partner with U of D Coop Extension, New Castle County Chamber of Commerce, and appropriate state and community agencies.
 - B. Create task force of community members within each neighborhood.
 - C. Partner with local food merchants, food banks, and other food distribution centers.
- II. By October, 1999* develop plan to significantly increase availability of healthful foods and/or eliminate cost barriers.
 - A. Partner with Dept of Agriculture and other wholesale food merchants.
 - B. Coordinate local Food Bank efforts within EC communities.
 - C. Identify and secure funding.
 - D. Develop marketing plan to promote sale and distribution of healthful foods
 - E. Work with merchants to improve placement of healthful foods within stores.
- III. By December, 2001* complete development plan.

EXAMPLE — GOALS AND OBJECTIVES FOR WILMINGTON, DE

2. Create additional nutritional food opportunities within EC neighborhoods.

- I. By January, 2001* develop two (2) community gardens within the Enterprise Community.
 - A. Conduct environmental and needs assessment within each EC neighborhood in order to prioritize neighborhoods.
 - B. Secure funding for project with U of D Cooperative Extension program
 - C. Approach neighborhoods with idea/solicit involvement
 - D. Develop task force of community members.
 - E. Coordinate efforts of task force, U of D Cooperative Extension, and other appropriate agencies.
- II. By January, 2001* develop one (1) food coop within the Enterprise Community.
 - A. Secure funding for project with U of D Cooperative Extension program.
 - B. Develop task force of community members from the Enterprise Community.
 - C. Identify and secure location from City of Wilmington (preferably uninhabited property)
 - D. Partner with DE Dept of Agriculture, and appropriate city, state, and community agencies.
- III. By January 2001* develop a marketing campaign to promote nutritional food opportunities and health benefits of proper nutrition.
 - A. Partner with existing health promotion efforts within the Enterprise Community, DE Div of Public Health Healthy Lifestyles team, and appropriate city and community agencies.
 - B. Develop community wide event celebrating successes and healthy living.

* ALL DATES BASED ON JULY 1999 PROJECT START DATE